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Complete if Known Substitute for form 1449/PTO Application Number 10/750,592 Filing Date 1/3/2004 INFORMATION DISCLOSURE First Named Inventor Jeff S. Eder STATEMENT BY APPLICANT Art Unit 3695 (Use as many sheets as necessary) Examiner Name Siegfried Chencinsk Attorney Docket Number

Cyanainas	Cite	December Allowship	Publication Date	F DOCUMENTS Name of Patentee or	Pages, Columns, Lines, Where
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Examiner Signature	/Sieafried Chencinski/	Date Considered	07/05/2011
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(Use as many sheets as necessary)				Art Unit	3695	
(,,			,	Examiner Name	Siegfried Chencinski	
Sheet		of		Attorney Docket Number	AR - 67	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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